



UHIP Application – Pre-Approved Health Care Plans (2018-2019)

This form is for use by international students who have coverage under a UHIP Pre- Approved Health Care Plan.

Student Number: _____

Family Name: _____

Given Name(s): _____

Please indicate your Pre-Approved Health Care Plan (select one):

- Canadian International Development Agency Health Care Plan
- Canadian Bureau for International Education Health Care Plan
- Canadian Commonwealth Scholarship and Fellowship Plan
- International Council for Canadian Studies Plan
- The National Insurance Office for Social Insurance Abroad (Norway)
- Embassy of Botswana- contract 20376
- Embassy of Kuwait
- Saudi Arabian Cultural Bureau - HDP (Letter of coverage confirmation from CWB is required)
Interim Federal Health Care Plan

By signing this form, you release the University of Toronto, the Centre for International Experience and the University Health Insurance Plan from any health coverage obligations. You also declare that you are aware that you will not be eligible for any services covered by UHIP during the period for which you have an exemption.

Student Signature: _____

Date Signed: _____

UHIP OFFICE ONLY	
UHIP FEE Amount: \$	_____
Staff Member:	_____

UHIP Office Stamp	

*Please return the completed form to the UHIP office together with a **photocopy of your TCard and proof of your Pre-Approved Health Care coverage.**

**This form must be submitted to the UHIP office by the 30th of the month in which studies begin.